

FIG. 1

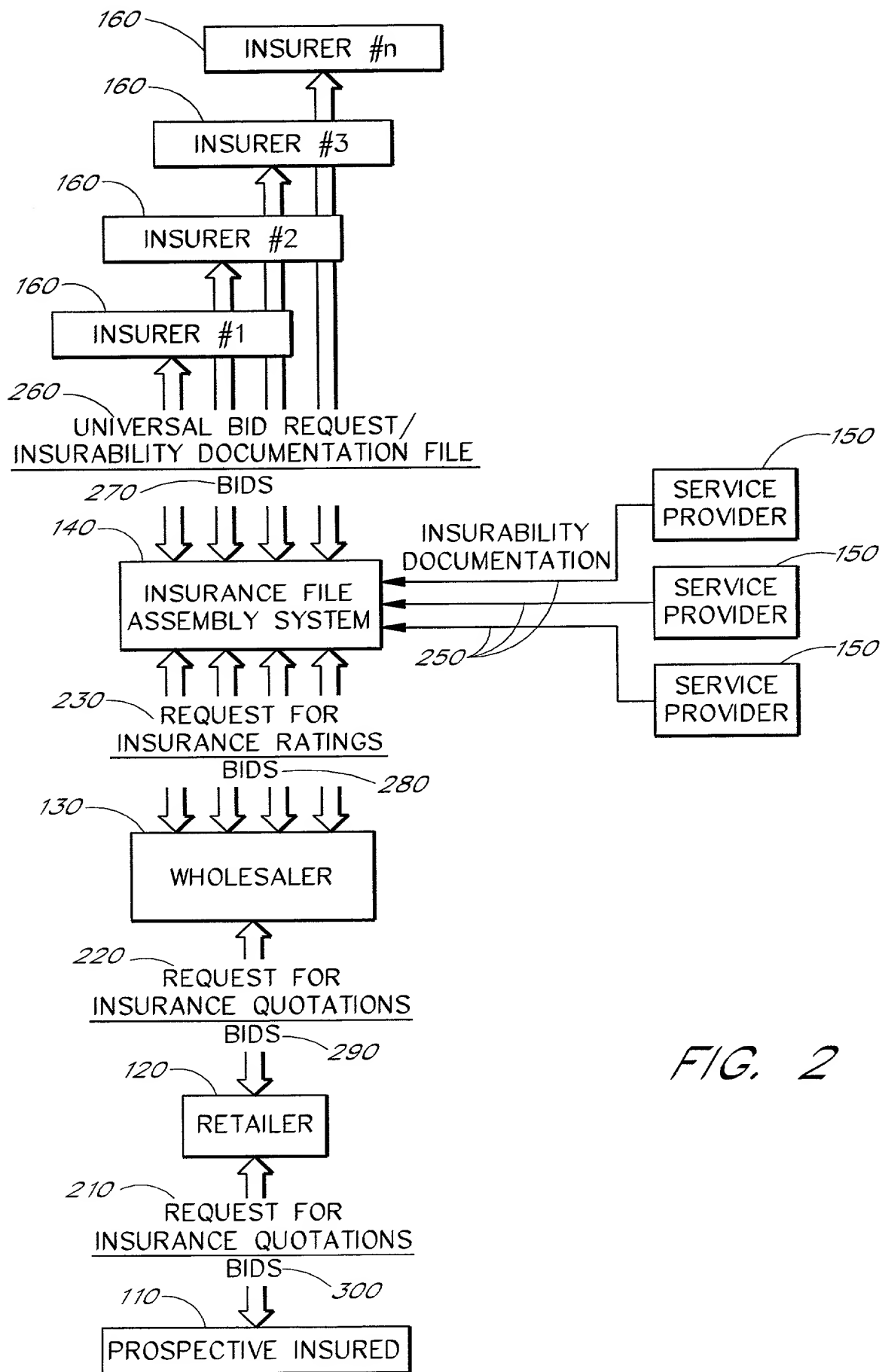


FIG. 2

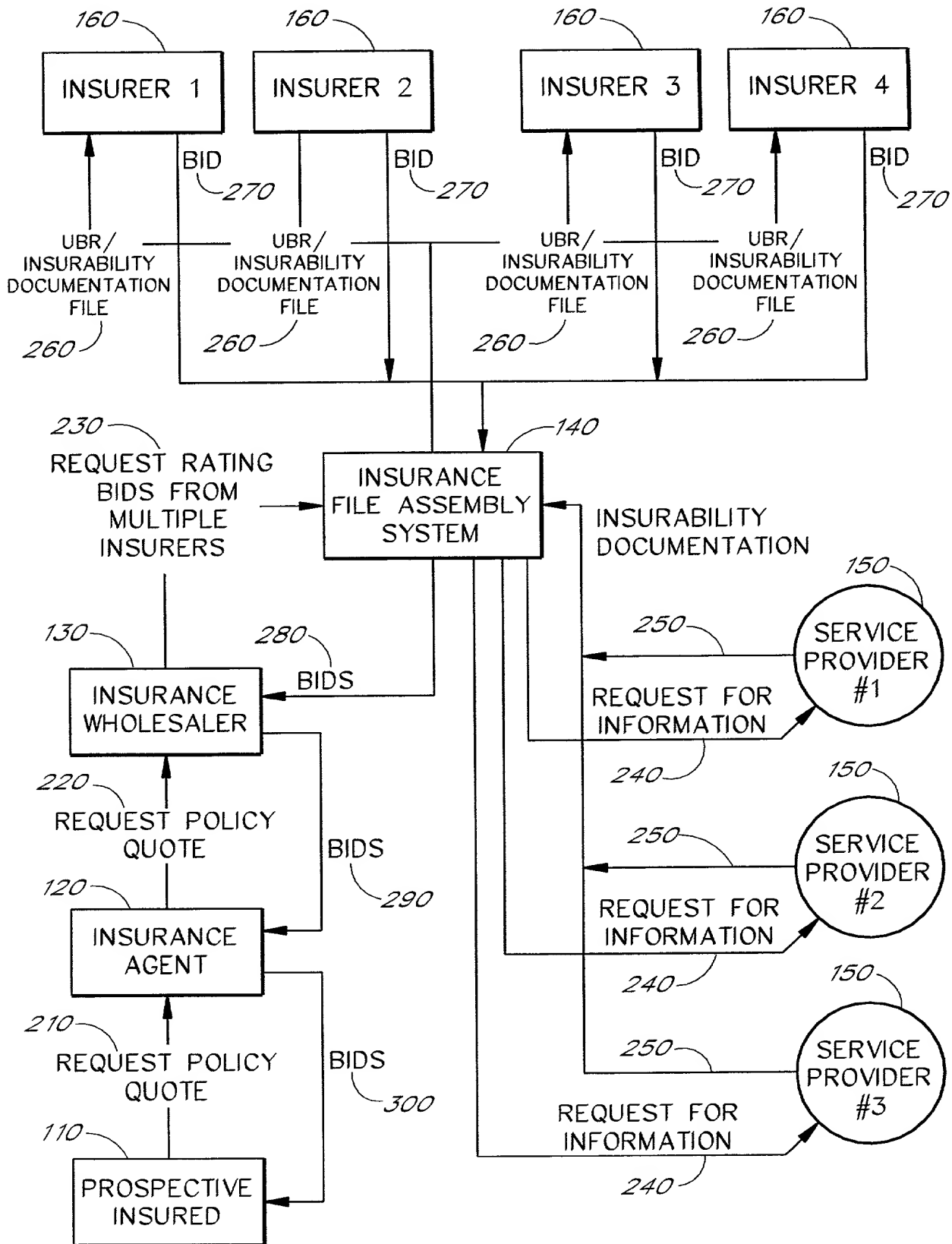


FIG. 3

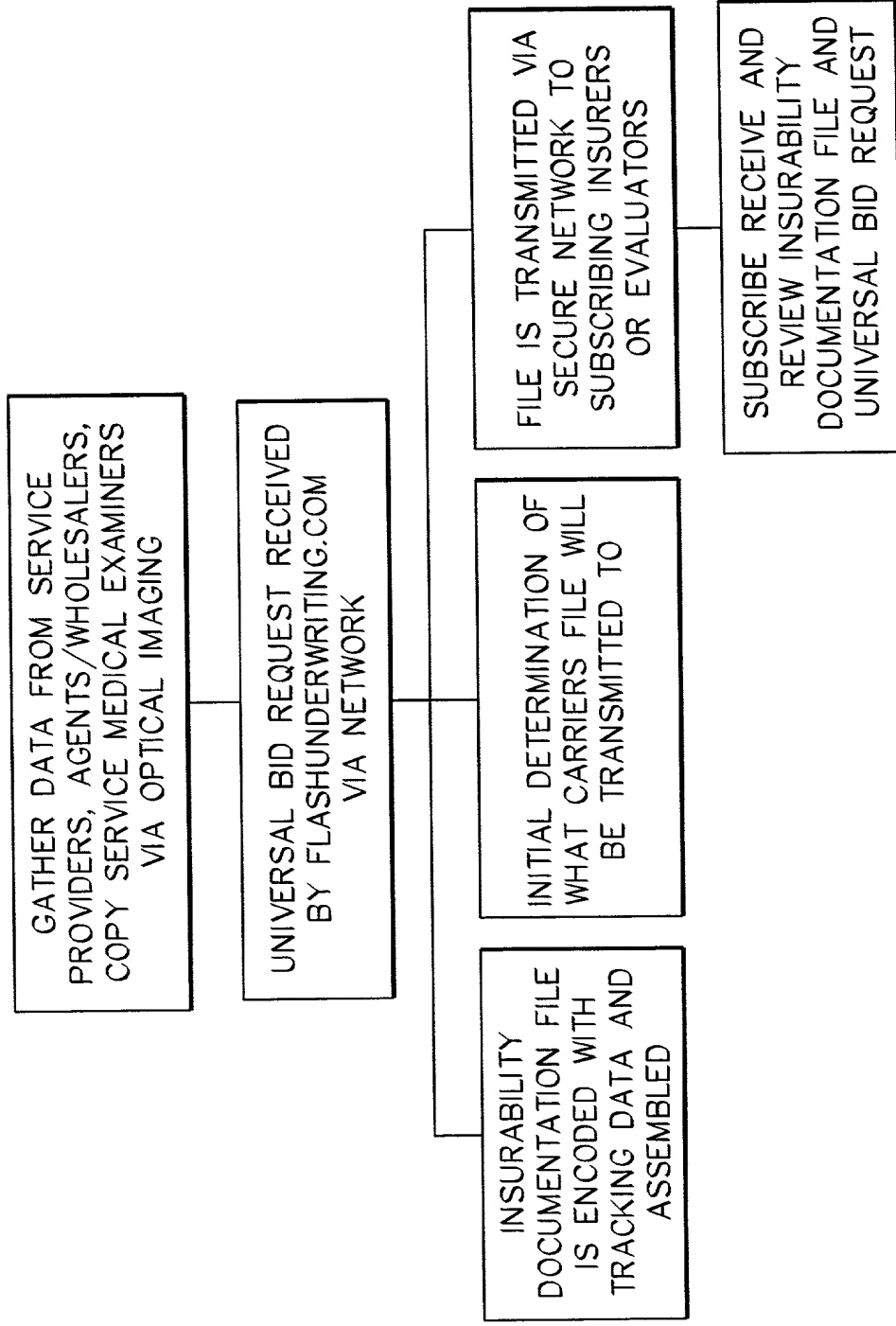


FIG. 4

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graph TD
    Start([RECEIVE REQUEST TO  
CREATE INSURABILITY  
DOCUMENTATION FILE]) --> Step1[REQUEST DOCUMENTATION  
FROM COPY SERVICES]
    Step1 --> Step2[REQUEST REQUIRED  
MEDICAL EXAMINATION  
DOCUMENTATION]
    Step2 --> Step3[REQUEST REQUIRED  
INFORMATION FROM  
PROSPECTIVE INSURED  
PARTY]
    Step3 --> Decision1{REQUEST  
DATA RECEIVED  
?}
    Decision1 -- NO --> Step3
    Decision1 -- YES --> Step4[UPDATE DOCUMENT  
TRACKING STATUS]
    Step4 --> Decision2{IS THE  
DOCUMENTATION IN  
THE DESIRED  
FORMAT  
?}
    Decision2 -- NO --> Step5[CONVERT  
DOCUMENTATION  
TO PDF]
    Step5 --> Decision3{DO  
DOCUMENTATION  
SECTIONS HAVE NEEDED  
COVER SHEETS  
?}
    Decision2 -- YES --> Decision3
    Decision3 -- YES --> Step6[ADDED NEEDED  
COVER SHEETS]
    Step6 --> Decision3
    Decision3 -- NO --> Step7[ASSEMBLE DOCUMENTS INTO SINGLE  
INSURABILITY DOCUMENTATION FILE]
    Step7 --> Step8[SECURELY TRANSMIT INSURABILITY  
DOCUMENTATION FILE TO INSURABILITY  
EVALUATORS OR PROSPECTIVE INSURERS]

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FIG. 5

<b>Flashunderwriting.com</b>
<b>Background Information</b>
First _____ M.I. _____ Last _____ Maiden name _____ D.O.B. _____ Place of Birth _____ SS# _____ Driver's License # _____ State _____  Street Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Email Address _____
<b>Personal Medical History Information</b>
Personal Physician _____ Office Name/Hospital Affiliation _____ Street Address _____ City _____ State _____ Zip _____ Business Phone _____ Fax _____ Date last seen _____ Reason _____  Consulting Physician _____ Office Name/Hospital Affiliation _____ Street Address _____ City _____ State _____ Zip _____ Business Phone _____ Fax _____ Date last seen _____ Reason _____  List All other doctors/addresses/phone #'s and date and reason why seen? _____ _____ _____  Height ____ Weight ____ Sex ____ Place of Birth? _____ Tobacco use? What type? How Often? Last used? Have you ever been declined or rated by an insurance company? ____ If yes, why? _____

FIG. 6

Flashunderwriting.com
Universal Bid Application

### AUTHORIZATION TO OBTAIN MEDICAL INFORMATION

I understand that any company named or not named below, it's reinsurers, any insurance support organizations, and those persons authorized to represent them may need to collect information on me in regard to proposed coverage. I therefore give permission to any physician, medical care provider, hospital, clinic, laboratory, insurance company or the Medical Information Bureau, Inc., or any similar person or organization to furnish information about me or any of my minor children who are to be insured when this authorization is presented. I authorize all said sources to give such records or knowledge to Flashunderwriting.com

The information collected by any company named or not named below may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition. Although information related to drug or alcohol abuse is protected from disclosure by Federal Regulation 42 CFR Part 2, I give my permission to any of the companies named or not named below to collect this information for those purposes described below. I understand that I can revoke this permission to collect information related to drug or alcohol abuse at any time, but revocation will not affect such information that has already been collected and relied on by the companies named or not named below.

Information collected under this authorization will be used by the companies named or not named below to evaluate my application for insurance, to evaluate claim for benefits, or for reinsurance or other purposes. I understand that I have a right to receive a copy of this form. I agree that a photocopy of this form will be used as valid as the original. This authorization will be valid for two years from the date shown below,

AIG Life  
 Alexander Hamilton Life  
 American General  
 Chubb Life  
 First Colony Life  
 First Penn Pacific Life  
 General American  
 General Life  
 Hartford Life  
 Indianapolis Life  
 Jackson National Life  
 John Hancock Life  
 Kaiser

Keyport Life  
 Lincoln Benefit Life  
 Lincoln National Life  
 Manufacturers Life  
 Massachusetts Mutual  
 Metropolitan Life  
 Mutual of New York  
 New England Life  
 New York Life  
 North American L & H  
 Northwestern Mutual  
 Pacific Life  
 Penn Mutual

Prudential  
 Reliastar Life  
 Security Connecticut  
 Security Life of Denver  
 Southland Life  
 Sovereign Life  
 State Mutual Life  
 Sun life of America  
 Transamerica Occidental  
 Travelers  
 United of Omaha  
 US Life  
 West Coast Life

Flashunderwriting.com reserves the right to add companies for disclosure.

Name of Applicant: _____	Date of Birth: _____
Signature: _____	Date: _____
Agent: _____	Date: _____

*FIG. 7*

Medical History Questionnaire

To the best of your knowledge, within the last 10 years have you had or been told by a doctor that you had:

Y N

Cancer or tumors?

Abnormality of the heart, blood or blood vessels? (heart attack, murmur, palpitation, high blood pressure, anemia)

Disease of any gland? (Diabetes)

Disease or abnormality of the brain or nervous system? (Epilepsy, fainting spells, nervous or mental conditions)

Lung Disorder? (Asthma, emphysema, pneumonia, bronchitis)

Disease of the liver, gall bladder, pancreas, stomach or intestine? (cirrhosis, hepatitis, ulcers, colitis)

Disease of the prostate, testicles, uterus, ovaries or breast?

Disorder of the Kidneys, urinary tract, sugar, albumin or blood in the urine?

Clotting disorders, anemia, leukemia, platelet disorders, infections, or sources blood loss?

Treatment or advice from a physician, or licensed practitioner, regarding drug or alcohol use?

An immune deficiency disorder, AIDS, or the AIDS related complex (ARC)?

Have you ever been under treatment for drugs or alcohol?

Have you ever been rejected for insurance?

Do you plan to live or travel outside of the U.S.?

Do you fly in any capacity as a pilot or student pilot?

Do you participate in any hazardous activities (hang gliding, scuba or skin diving, race car driving, etc.)

Have you had any motor vehicle violations or had your driver's license suspended in the past 3 years?

Details to questions answered Yes

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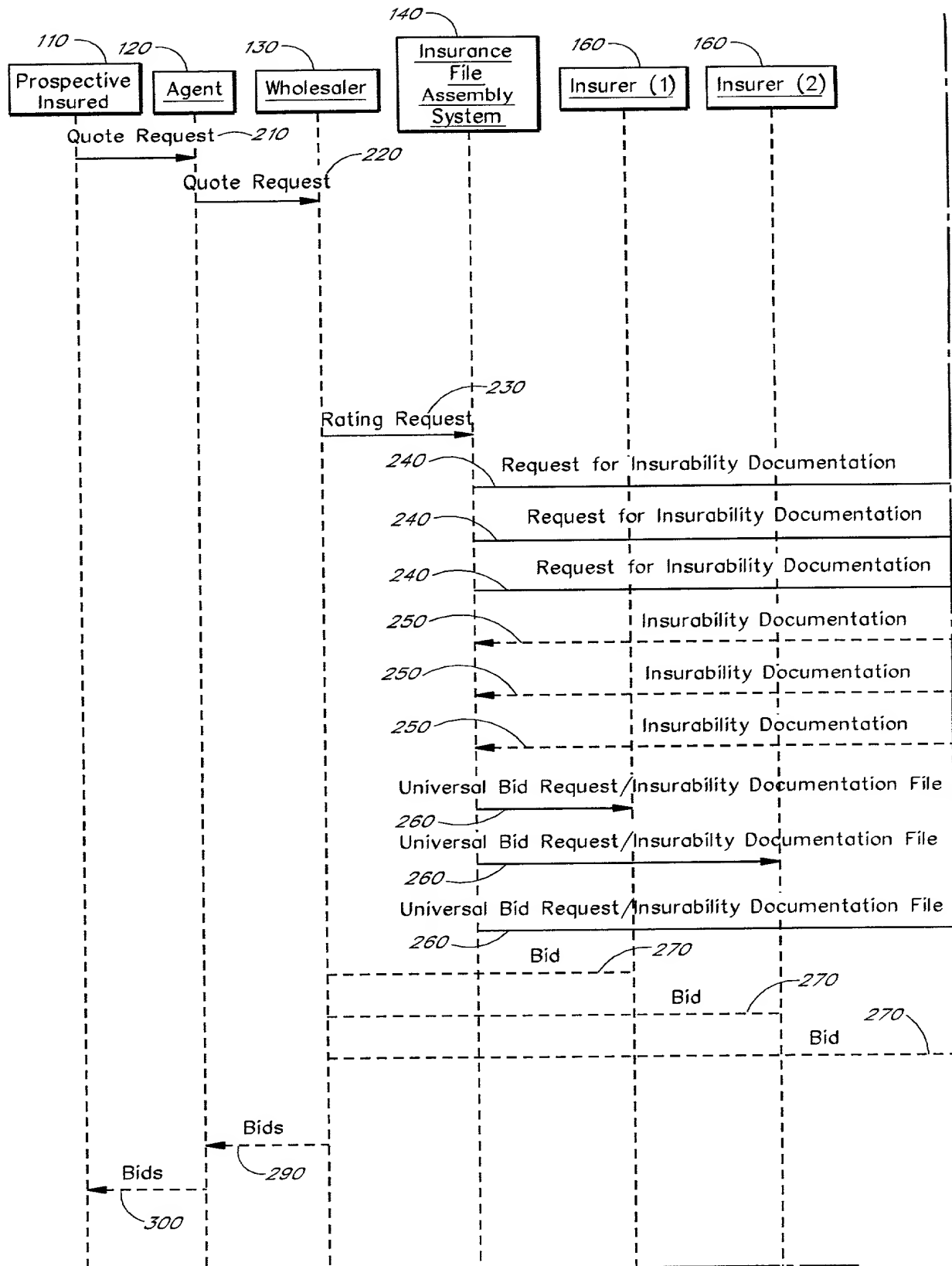
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<i>FIG. 9A</i>	<i>FIG. 9B</i>
<i>FIG. 9C</i>	<i>FIG. 9D</i>

FIG. 9

[illegible]



*FIG. 9C*

FIG. 9D

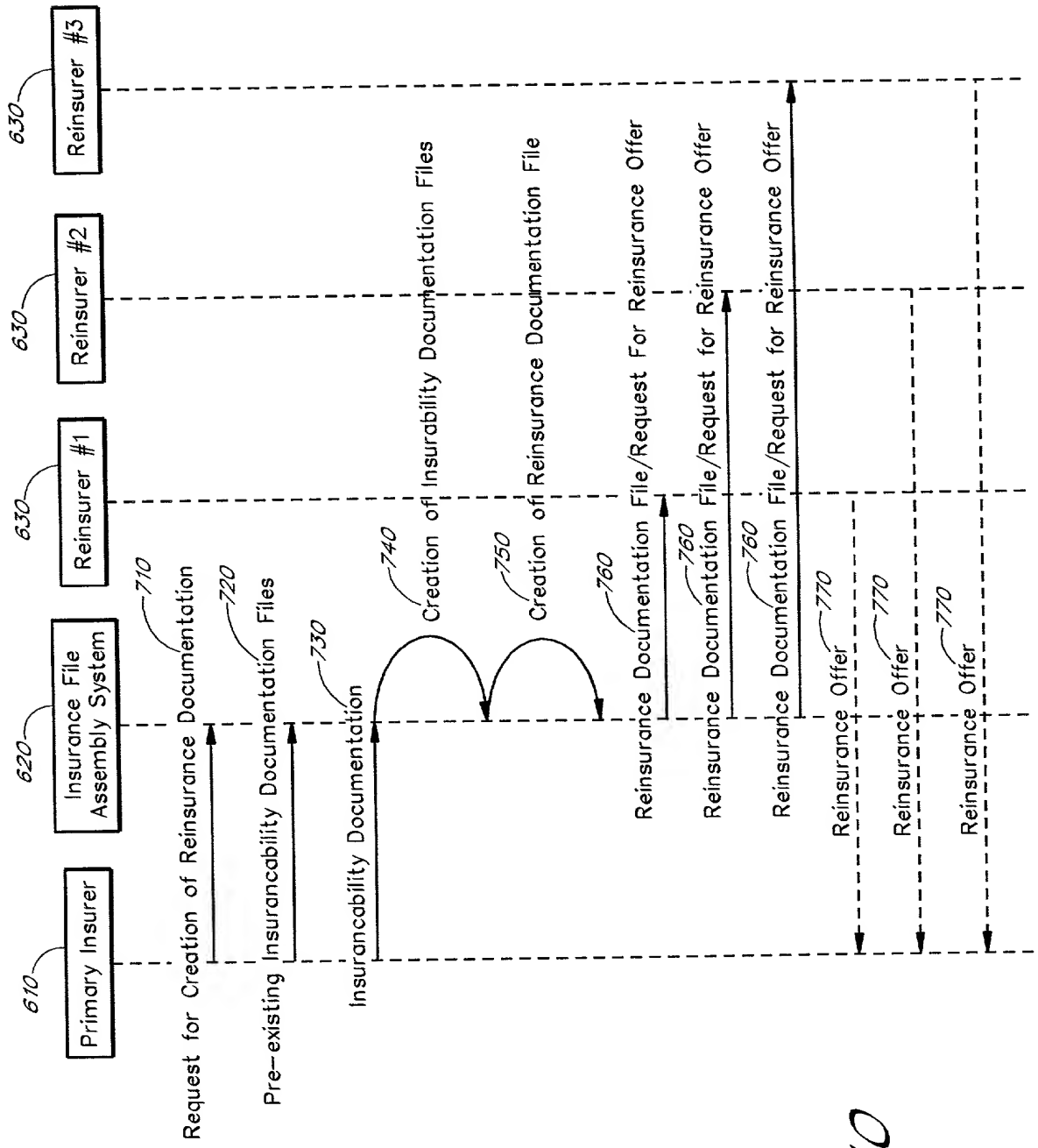


FIG. 10